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21890

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APPLN, TYPE

nonprovisional

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TOTAL FEE(S) DUE

\$1055

DATE DUE

12/17/2008

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/520.380 10/13/2005 44508-149 2677 Per Gisle Diupesland

PUBLICATION FEE

\$300

ISSUE FEE

\$755

TITLE OF INVENTION: NASAL DEVICES

SMALL ENTITY

YES

EXAMINER		T	CLASS-SUBCLASS		
MATTER, KRISTEN CLARETTI	3771		128-206110		
I. Change of correspondence address or indication of "Fee Address" (37 [FR1 1.563). Change of correspondence address (or Change of Correspondence Address form PTOSB 12.2) attached. "Fee Address" indication (or "Fee Address" Indication form PTOSB 14.2) or more recent) attached. Use of a Customer Number is required.		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printen.		1_Proskauer Rose LLP 2_Kristin H, Neuman, Esq. 3_Isaac A, Hubner	
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Date December 16, 2008

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